

## **Patient Informed Consent**

### **Guidelines for psychotherapy:**

- *I have chosen to receive psychotherapy services provided by Yvonne B. Bregman, Licensed Clinical Social Worker. My choice is voluntary and I understand that I may terminate therapy at any time.*
- *I understand that there is no assurance that I will feel better. Because psychotherapy is a cooperative effort between Ms. Bregman and me, I will work with Ms. Bregman in a cooperative manner in an attempt to resolve my difficulties.*
- *I understand that during the course of psychotherapy material may be discussed which could be upsetting in nature, and that this may be necessary to help me resolve my problems.*
- *I understand that Ms. Bregman provides outpatient psychotherapy and therefore is not available on a 24-hour basis. You can leave Ms. Bregman a voice mail message by calling the number above. Your call will be returned as soon as possible, definitely within 24 hours. If you have an emergency, call 911 or go to the nearest hospital emergency room. When Ms. Bregman is on vacation or away from her office for an extended period, she will provide instructions for receiving emergency care.*

### **Appointments and fees:**

- *A psychotherapy session is 55 minutes.*
- *Payment at the time of the session is required unless other arrangements were made in advance.*
- *Insurance companies are required to reimburse you for Ms. Bregman's services under the laws of the State of Connecticut Health Department. Ms. Bregman will provide clients information required by their health insurance company for reimbursement of costs of services.*
- ***A 24-hour advance notice of change or cancellation of appointment time is necessary in order to avoid being charged the full fee for scheduled time. Consideration is given in cases of emergency.***

### **Health Insurance Reimbursement:**

- *Health insurance company policies can benefits vary widely and can be confusing. Please check with your insurance company about your coverage for outpatient mental health services, deductible, and the procedure you follow to be reimbursed.*

### **Client Rights and Responsibilities:**

- *I have read and had explained to me the basic rights of individuals who undergo psychotherapy in Ms. Bregman's psychotherapy practice. These rights include...*
- *The right to be informed of the various steps and activities involved in receiving treatment, any charges for or limitations in services, and available alternative treatment.*
- *The right to have an individualized treatment plan.*
- *The right to privacy in psychotherapy sessions, which includes prohibition of tape recording sessions without prior knowledge and consent of patient.*
- *The right to be fully informed of all diagnostic and treatment procedures, and to receive information necessary to give informed consent prior to the start of any procedure or treatment.*
- *The right to confidentiality under federal, state and local laws relating to the receipt of treatment.*
- *The right to humane care and protection from harm, abuse or neglect in the treatment setting.*
- *The right to impartial services and access to treatment regardless of race, religion, sex, ethnicity, age or handicap.*
- *The right to make an informed decision whether to accept or refuse treatment as recommended, and be informed of the consequences of this refusal. However, Ms. Bregman reserves the right to discontinue treatment should the extent of patient's refusal make reasonable and responsible treatment impossible.*
- *The right to continuity of care. As long as patient remains financially responsible for the cost for services, the patient will not be discharged or transferred, except for therapeutic reasons, for personal welfare, or for the welfare of others. In cases of forensic psychotherapy which is beyond the scope of Ms. Bregman's practice, patients will be transferred.*
- *The right to know the reasons for discharge or referral, to have reasonable advance notice unless an emergency situation exists.*
- *The right to voice opinions, recommendations, and grievances in relation to policies or services offered by Ms. Bregman without fear of reprisal.*
- *The right to contact and consult with counsel and select practitioners of patient's choice and at patient's expense.*

**Confidentiality:**

- *I understand that all information shared in psychotherapy sessions is confidential, except for the situations stated below.*
- *I understand that confidentiality of records of information collected about me will be held or release in accordance with federal, state and local laws regarding confidentiality of such records and information. I understand that these laws require that M. Bregman report all cases of abuse or neglect of minors or the elderly; and all cases in which there exists a danger to self or others. I understand that there may be other circumstances under which Ms. Bregman releases confidential information about me; i.e. during confidential professional case supervision where no identifying information is disclosed, or in cases where the law requires it.*
- *I understand that Ms Bregman may disclose any and all records pertaining to my psychotherapy to my insurance company representatives, doctors, case managers, therapists, and other involved treaters, if such disclosure is necessary for coordination of treatment, quality assurance or utilization review purposes. I understand that I can revoke my consent at any time except to the extent that psychotherapy has already been rendered or that action has been taken in reliance on this consent, and that if I do not revoke this consent, it will expire automatically one year after all claims for psychotherapy have been paid.*

***I have read, understand and received a copy of the above information pertaining to my psychotherapy treatment.***

\_\_\_\_\_  
*Patient Signature (if 18 or older)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Parent or Guardian*

\_\_\_\_\_  
*Date*